

6p1644
Docket No.: PF-0385-1 DIV

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 22, 2003.

By: [Signature] Printed: Lisa McDill

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

In re Application of: Lal et al.

OCT 31 2003

Title: AUTOANTIGEN-LIKE PROTEINSerial No.: 09/758,498Filing Date: January 10, 2001

TECH CENTER 1600/2900

Examiner: Schwadron, R.Group Art Unit: 1644 /

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Response to Office Action (10 pp.);
3. Exhibits A, B and C as cited in Response; and
4. Certificate of Revocation of Power of Attorney (2 pp.).

The fee has been calculated as follows:

| Claims | Claims After Amendment | - | Claims Previously Paid For | = | Present Extra | Other Than Small Entity Rate Fee | | Additional Fee(s) | |
|--|---------------------------|---|----------------------------------|---|---------------|--|---|-------------------|---|
| Total | 20 | - | 20 | = | 0 | x\$18.00 | 0 | \$ | 0 |
| Indept. | 2 | - | 3 | = | 0 | x\$86.00 | 0 | \$ | 0 |
| First Presentation of Multiple Dependent Claims: | | | | | | +290.00 | 0 | \$ | 0 |
| Total Fee: | | | | | | | | \$ | 0 |

☒ No additional Fee is required.☐ Please charge Deposit Account No. **09-0108** in the amount of : \$ 0

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. **A duplicate copy of this sheet is enclosed.**

Respectfully submitted,

INCYTE CORPORATION

[Signature]

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